



MaMoni

Integrated Safe Motherhood, Newborn Care and Family Planning Project



Newborn girl delivered at Murakuri UH&FWC, Lakhai upazila of Habiganj on March 04, 2012

Semi-Annual Report

October 1, 2011 – March 31, 2012

Submitted
April 30, 2012



List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ACPR	Associates for Community Population Research
AED	Academy for Educational Development
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CCMG	Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CS	Civil Surgeon
CSM	Community Supervisor/Mobilizer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspectors
FWA	Family Welfare Assistant
FWV	Family Welfare Visitors
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IYCF	Infant and Young Child Feeding
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
MWRA	Married Women of Reproductive Age
PHC	Primary Health Care
PNC	Postnatal Care
SBA	Skilled Birth Attendant
SMC	Social Marketing Company
SSFP	Smiling Sun Franchise Project
TBA	Traditional birth attendant
UPHCP	Urban Primary Health Care Project
WRA	White Ribbon Alliance

TABLE OF CONTENTS

A. INTRODUCTION.....	3
B. KEY ACTIVITIES.....	3
STARTUP/NEW ACTIVITIES.....	3
TRAINING CONDUCTED DURING THE PERIOD OF PERFORMANCE	8
OBJECTIVE 1: INCREASE KNOWLEDGE, SKILLS AND PRACTICES OF HEALTHY MATERNAL AND NEONATAL BEHAVIORS IN THE HOME.....	9
OBJECTIVE 2: INCREASE APPROPRIATE AND TIMELY UTILIZATION OF HOME AND FACILITY-BASED ESSENTIAL MNH AND FP SERVICES...	12
OBJECTIVE 3: INCREASE ACCEPTANCE OF FP METHODS AND ADVANCE UNDERSTANDING OF FP AS A PREVENTIVE HEALTH INTERVENTION FOR MOTHERS AND NEWBORNS.....	19
OBJECTIVE 4: IMPROVE KEY SYSTEMS FOR EFFECTIVE SERVICE DELIVERY, COMMUNITY MOBILIZATION AND ADVOCACY	20
OBJECTIVE 5: MOBILIZE COMMUNITY ACTION, SUPPORT AND DEMAND FOR THE PRACTICE OF HEALTHY MNH BEHAVIORS	22
OBJECTIVE 6: INCREASE KEY STAKEHOLDER LEADERSHIP, COMMITMENT AND ACTION FOR THESE MNH APPROACHES	24
PROJECT MANAGEMENT ACTIVITIES.....	25
OVERALL CHALLENGES	26
ANNEX 1. OPERATIONAL PLAN INDICATORS (OCTOBER - DECEMBER 2011)	27
ANNEX 2. VISITORS TO THE PROJECT BETWEEN OCTOBER 2011 – MARCH 2012	29
ANNEX 3. OVERSEAS TRIPS SUPPORTED BY MAMONI	32
ANNEX 6: PUBLICATIONS PRODUCED BY MAMONI (OCT 2011-MARCH 2012).....	33

This document is made possible by the generous support of the American people through the support of the Office of Population, Health, Nutrition and Education, United States Agency for International Development, Bangladesh (USAID/Bangladesh) under terms of Associate Cooperative Agreement No. 388-A-00-09-0104-00, through MCHIP, managed by Jhpiego Corporation.

The contents are the responsibility of Jhpiego Corporation and do not necessarily reflect the views of USAID or the United States Government.

Cover Photo: Shafiqul Alam Kiron/Save the Children

A. Introduction

The key themes to summarize the first six-months of third year of operations for MaMoni – Integrated Safe Motherhood, Newborn Care and Family Planning Project would be consolidating gains, addressing key gaps and ensuring program quality. This associate award under MCHIP scaled down the intervention in Sylhet and accelerated the momentum of key MNH-FP interventions on the ground in Habiganj. MaMoni has also shared intervention lessons and best practices with key government counterparts and development partners in an effort to influence national policy dialogue around the new sector program. This will be discussed in the Sub-objective 6 of key activities.

The impact of the reduced number of staffing in Sylhet is described in the startup activities section. MaMoni also completed the IYCF intervention in Sylhet in December, and is examining the results to design a nutrition promotion strategy for Habiganj. Two key assessment around newborn hand washing and essential nutrition actions (ENA) were conducted in Habiganj by ICDDR,B and FANTA-2 partner HKI respectively.

MaMoni has also leveraged a significant number of add-on investments from other agencies. These investments are a testament to MaMoni's growing reputation as a platform for testing innovative activities and a model for partnership.

This report highlights the key activities between October 2011 and March 2012.

B. Key Activities

Startup/New Activities

Baseline survey by Alive & Thrive

Alive & Thrive project conducted a baseline survey on IYCF in Bishwanath and Companyganj upazila between July & September 2011. 1,065 mothers of under-1 yr children were surveyed, along with FGDs and in-depth interviews with health workers and community influencers. Preliminary data is now available, the final report is being prepared. Some key findings are as follows:

- Only one in 20 mothers had knowledge on how to maintain supply of breast-milk or assess milk supply
- Large knowledge gap on critical areas of complementary feeding (less than one-third mothers could mention correct amount of food for children at 7 or 10 months)
- Less than 10% of mothers have ever seen or used micronutrient powder (MNP)
- Around 40% mothers took any iron supplementation in her last pregnancy

The finding from the survey highlight a need for a focused integrated intervention for IYCF.

Situation Analysis on Essential Nutrition Actions (ENA) by FANTA-2

USAID supported FANTA-2 project similarly conducted a situation analysis of Essential Nutrition Action (ENA) components in Habiganj districts. The findings were used to develop a set of recommendations for MaMoni to adopt to ensure integration of nutrition within the existing intervention components.

Key areas for collaboration identified are:

- Strengthening interventions on Maternal Anemia, particularly postpartum IFA supplementation
- Facility and community based management of Moderate and Severe Acute Malnutrition (MAM/SAM)
- Other Neglected components of ENA

Formative research on hand washing behavior in the perinatal period

ICDDR,B with funding from MCHIP conducted a formative research to determine barriers to perinatal hand washing among traditional birth attendants (TBAs) and mothers with newborns. The study method was as follows:

- 20 Semi-structured observations of mother of neonates, 32 in-depth interviews with mothers of infants and 3 group discussions with infant mothers, fathers of young infants and family members of infants
- 10 in-depth interviews and 2 group discussions with traditional birth attendants (TBAs)

I. Findings from TBA component:

Interviews with the TBAs revealed that most of them perceived washings hands before entering the delivery room as important. Most *dais* reported washing hands with soap either in their own home or upon arriving at the mother's home. Water was generally reported available in the delivery area. Lack of available soap at all delivery households and busy time during delivery were cited as barriers to wash hands prior to or during the delivery. The TBAs mostly use bare hands to deliver, and wash hand again after completion, usually after delivery of placenta.

TBAs use new/boiled blade, and more than half of the cases a female family member or mother cut the cord, but the TBAs did not remind the family member to wash hands before touching the blade. They would use gloves if it was made available.

TBAs also reported advising mothers to wash their hands and wash/wipe their breast before breastfeeding. Only a few *dais* reported advising mothers to wash hands with warm water, without mention of soap, before caring for the cord to avoid any swelling or infection of the umbilicus.

II. Findings from mothers and family members component:

Mothers perceived the need to wash hands with or without soap before eating, or before feeding a child by hand. Mothers reported that elders advised newborn mothers to wash hands if eating after

breastfeeding; mothers believed it was harmful for their child if they did not wash their hands after breastfeeding and then ingested their own breast-milk from their hands.

Mothers and other family members prioritized using soap if there was any visible dirt or feces to remove dirt or bad smell. Otherwise, washing hands with water alone was deemed sufficient.

Only few mothers expressed the importance of washing hands before holding a baby to prevent any problem caused by germ. The research team also occasionally observed them to wash hands before holding their own baby.

Mothers reported that TBA or mother's family member usually did not put anything on the umbilicus right after cutting. But mothers or family members applied a verities of home remedies to remove the cord or after removing the cord, such as hot fomentation, mustard oil, dried ground goat feces mixed with coconut oil, vermilion powder and boric powder. Many of the cases mothers reported that they or their family members do not wash their hands before handling the umbilicus as perceived no dirt in their hands.

Mothers of neonates are always advised for not keeping the newborn unattended until 45 days; otherwise evil spirit/Satan/*alga batash* could enter the room and affect the baby. For that reason during neonatal period mothers usually do not go outside after dusk to wash their hands after cleaning child feces. Sometimes mothers avoided hand-washing because they believed neonates could catch a cold if mothers frequently touched water. Otherwise, the new responsibility of nurturing a newborn who eats and defecates frequently was cited by mothers as a barrier to washing hands. These responsibilities coupled with the regular household chores and attending elder children hindered mothers to wash hands during each of the critical time.

Scale-down of Interventions in Sylhet

As planned, MaMoni phased out majority of community level staff and scaled down the program in Sylhet. Save the Children handed over the program operations to the partner NGOs, FIVDB and Shimantik. A project management unit, comprising of staff from both NGOs, is operating in Sylhet. Upazila level offices were closed, and remaining staffs were housed by local government office or health facility. Table 1 shows a comparison of the NGO staff strength before and after scale-down.

Table 1: MaMoni implementation staff pattern in Sylhet before and after Sep 30, 2011

Staff Category	Before	After	Remarks
Project Coordinator	2	2	1 for each partner NGO
District M&E Officer	2	1	Shared position for M&E, documentation
F&A Officer, support (district)	4	2	
IT officer (district)	1 (0.5+0.5)	1 (0.5+0.5)	2 positions at 50% LOE
Upazila Team Leader	7	7	
Field Support Officer	16	0 (3*)	* 3 positions supported by A&T for nutrition component through March 2012
CSM/CM	64	14	Renamed Field Facilitator

CHW	220	82	70 in charge of single FP units, others shared
Upazila Fin/Adm, Support	7	0	
Total	339	109 (112*)	

MaMoni Staff and Volunteers Accepted into Government Programs

Several MaMoni staff and volunteers have been employed by the government. They were recognized for their performance and have been absorbed into national programs from this quarter. The following table summarizes the recent hires.

Table 2: MaMoni staff hired by MOH&FW

Name	Designation	Working area	New Title	Working area
Sukriti Rani Paul	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Shilpi Rani Das	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Lutfa Begum	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Suma Rani Dev	CHW	Balaganj, Sylhet	FWA	Balaganj, Sylhet
Dwipika Rani Majumder	CHW	Bishwanath, Sylhet	FWA	Bishwanath, Sylhet
Sima Rani Sarker	CHW	Bishwanath, Sylhet	FWA	Bishwanath, Sylhet
Nurunnahar	CHW	Bishwanath, Sylhet	FWA	Bishwanath, Sylhet
Popi Rani Nath	CHW	Golapganj, Sylhet	FWA	Golapganj, Sylhet
Roksana Begum	CHW	Bishwanath, Sylhet	FWA	Zakiganj, Sylhet
Sottobati Das	CHW	Companyganj, Sylhet	FWA	Companyganj, Sylhet
Shamima Begum	FSO	Gowainghat, Sylhet	UFPA	Gowainghat, Sylhet

Case Study: Sustaining performance in Sylhet

Figure 1 illustrates three key MNH-FP indicators for Sylhet over September (before scale down) and October 2011 to March 2012 (after scale-down). It is difficult to reach a definite conclusion on family planning because of seasonal variation, however, postnatal care seems to be on decline.. As Fenchuganj and Jaintapur do not have any vacant FWA unit, they were excluded from some indicators.

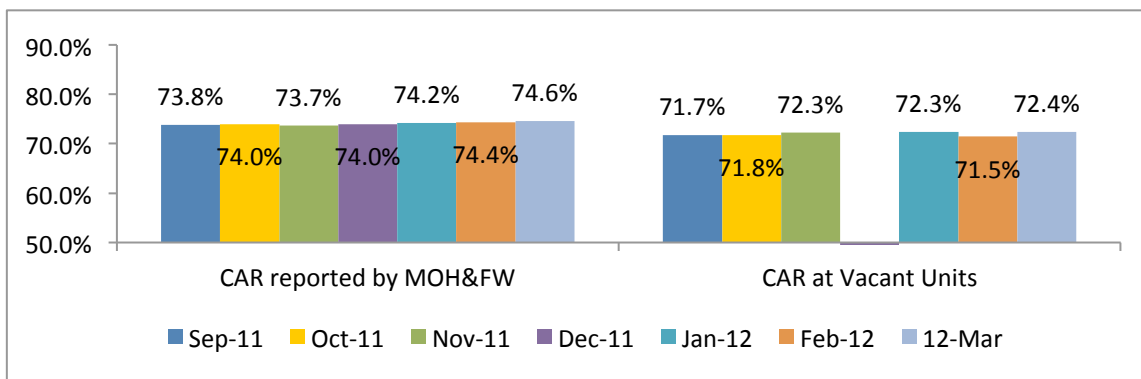


Figure 1a: Contraceptive Acceptance Rate (CAR) in all 7 upazilas of Sylhet

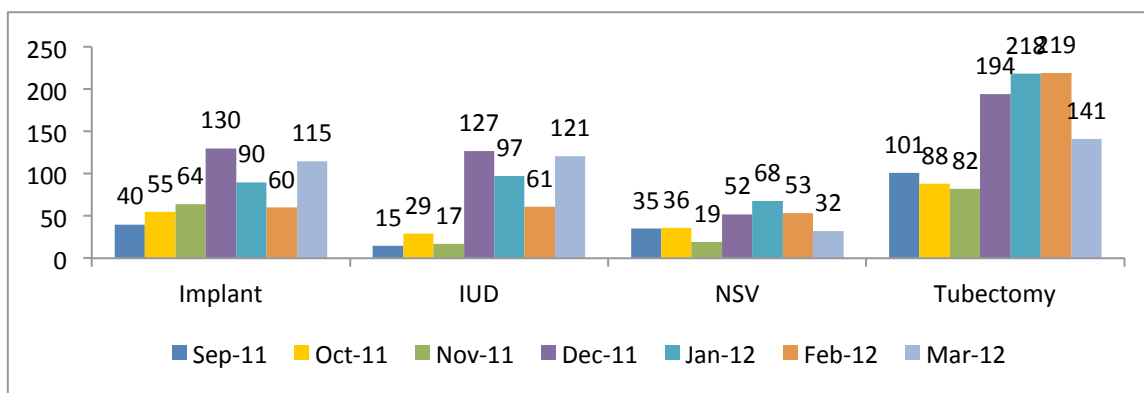


Figure 1b: LAMP referral in 5 upazilas (Fenchuganj and Jaintapur excluded)

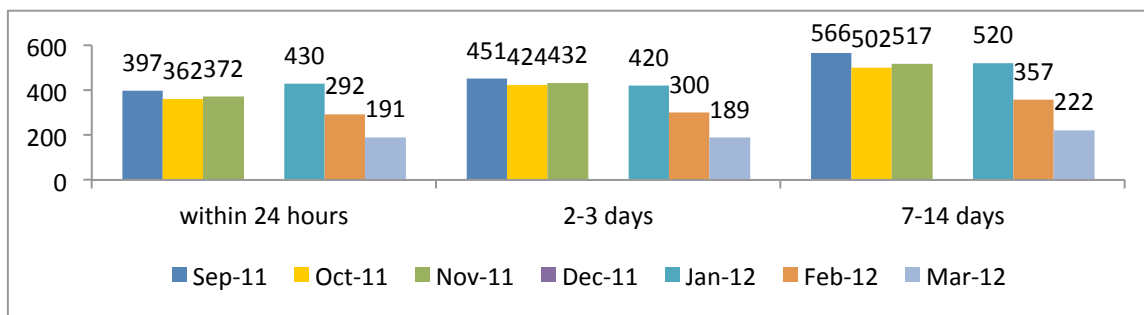


Figure 1c: PNC visits in vacant and underserved units in 5 upazilas (Fenchuganj and Jaintapur excluded)

Training conducted during the period of performance

Table 3: Summary of Training Conducted in 1st and 2nd Quarter FY'12

Provider	Sylhet Targeted FY'12	Sylhet Completed	Habiganj targeted FY'12	Habiganj completed	Time Period
A. Supportive Supervision training					Oct 2011 -Jan 2012
AHI	--	38	--	61	
HI	--	16	--	24	
FPI	--	34	--	22	
NGO Supervisors	--	0	--	32	
Subtotal		88		139	

Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home

MaMoni package delivered at household level by community based workers

In Habiganj, government workers, mainly FWAs and HAs, are delivering MaMoni package at household level. MaMoni has deployed 41 CHWs and 14 paramedics in Habiganj to address the vacant positions.

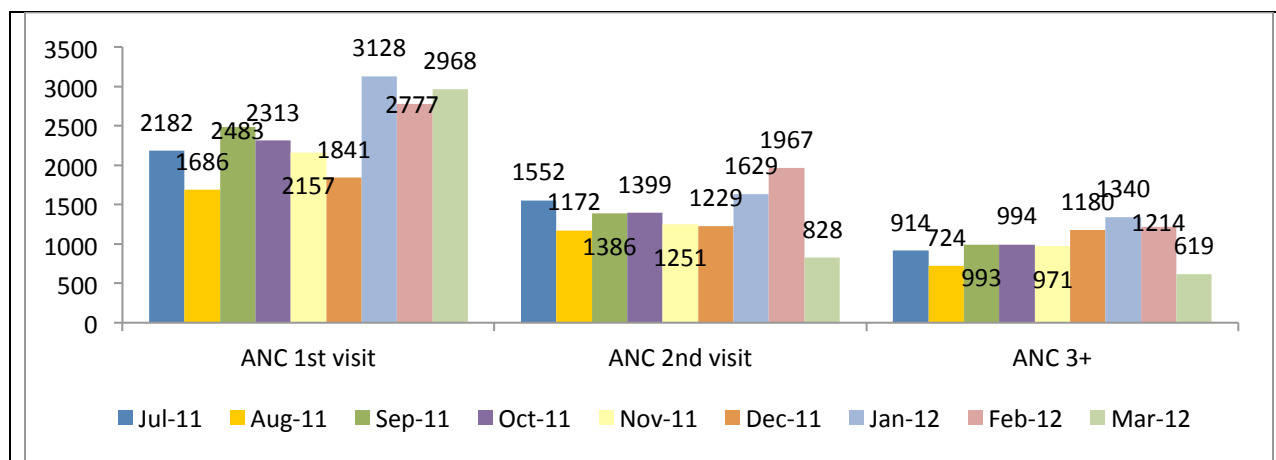


Figure 2.a ANC trend in Habiganj for past 9 months

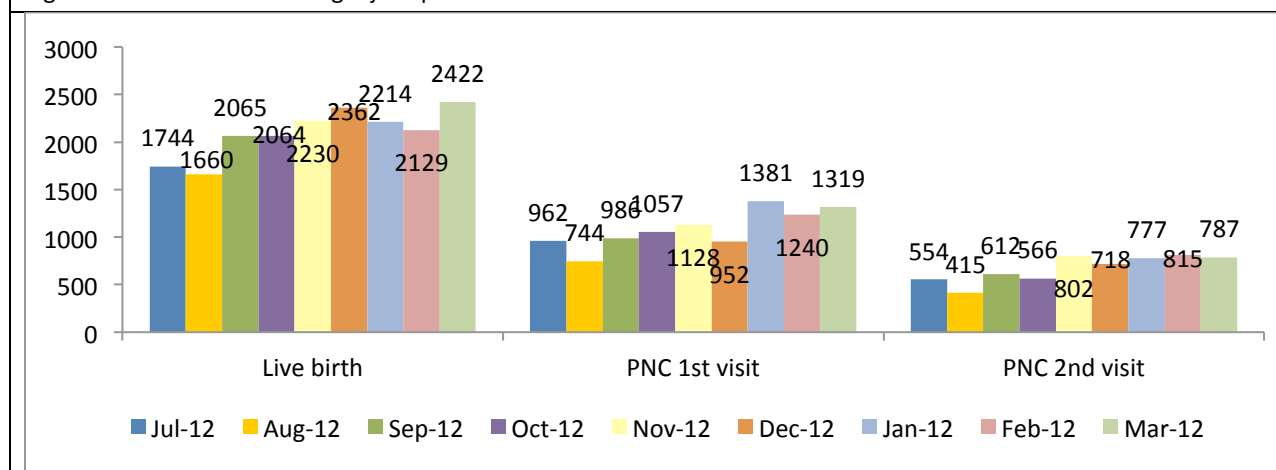


Figure 2.b Delivery and PNC trend in Habiganj for past 9 months

Figure 2: Key MNH performance indicators for the quarter

Temporary workers provided to support vacant units in Habiganj

MaMoni is providing a number of temporary workers in key vacant units in Habiganj. MaMoni has received financial support from KOICA/Save the Children-Korea to provide 6 paramedics in Shibpasha and Kakailseo unions of Ajmiriganj upazila. Table 2 shows the breakdown of the temporary workers.

Table -4: Summary of Vacant Positions and MaMoni Support in Habiganj

	FWA vacant	HA vacant	MaMoni CHWs deployed	FWV Vacant	MaMoni Paramedics deployed	Additional Paramedics from Mar 2012
Ajmiriganj	7	3	4	1	6*	1***
Bahubal	9	0	3	2	1	0
Baniachong	14	21**	8	8	3	9***
Chunarughat	7	5	4	7	0	0
Lakhai	11	1	10	4	2	0
Madhabpur	14	4	7	8	1	0
Nabiganj	6	3	4	2	1	4***
Sadar	1	2	1	0	0	0
Total	69	39	41	32	14	14

* 6 paramedics are provided by KOICA/Save the Children-Korea to support ANC, PNC and delivery

**16 HAs have been recruited, but not deployed because of a pending lawsuit in Baniachong

*** with support from KOICA, Save the Children Korea and Save the Children UK

Additional funds leveraged to provide staff support in Habiganj

As KOICA/Save the Children-Korea funding expands to two more upazilas of Habiganj (Baniachong and Nabiganj) from February 2012, an additional 10 paramedics are being recruited to support 5 additional underserved unions. This support, including existing support for Ajmiriganj will continue till December 2014.

Save the Children-UK is also supporting MaMoni activities by providing 4 paramedics in Ajmiriganj and Baniachong upazilas for 2 years as part of their Capital Appeal campaign titled, "Build it for Babies". Under this campaign, four UH&FWCs will be built in remote unions of Ajmiriganj and Baniachang.

Table 5: Summary of additional staff support for remote union level facilities

Upazila	Unions	Service Provider	Duration	Funding
Ajmiriganj	Shibpasha	3 paramedics	Dec 2014	KOICA/SC-Korea
	Kakailseo	3 paramedics	Dec 2014	KOICA/SC-Korea
	Upazila Health Complex	4 nurses	Dec 2014	KOICA/SC-Korea
	Badalpur	1 paramedic	Jan 2013	SC-UK
Baniachang	Daulatpur	2 paramedics	Dec 2014	KOICA/SC-Korea
	Kagapasha	2 paramedics	Dec 2014	KOICA/SC-Korea
	Khagaura	2 paramedics	Dec 2014	KOICA/SC-Korea

	Pailarkandi	1 paramedic	Jan 2013	SC-UK
	North East Baniachang	1 paramedic	Jan 2013	SC-UK
	Pukhra	1 paramedic	Jan 2013	SC-UK
Nabiganj	East Boro Vakoar	2 paramedics	Dec 2014	KOICA/SC-Korea
	West Boro Vakoar	2 paramedics	Dec 2014	KOICA/SC-Korea
	Total	20 paramedics, 4 nurses		

The staff support also includes 1 aya and 1 guard for each union level facility, and 2 ayas and 2 guards for Ajmiriganj Upazila Health Complex

Integration of Nutrition within MaMoni package through collaboration with Alive & Thrive

Alive & Thrive (A&T) project of AED/FHI-360 trained 56 health workers and project staff(FWA, HA, FWV, AHI, FPI, HI, CHW, CSM/CM) on a 2-day infant and young child feeding (IYCF) package in FY11. These workers represented three unions: Rampasha and Daulatpur union of Bishwanath, and East Islampur union of Companiganj. In addition, 175 Female volunteers were trained a two day curriculum and also 140 male volunteer were oriented on a one day curriculum as well.



Figure 3: IYCF curriculum recommends family food for infants (6-11 months)

Between July 2011 and March 2012, outreach workers (FWA, HA, CHW) visited and counseled 2,273 mothers with children under 6 months of age (78.35% against reported/targeted in FWA register for those unions) and 2,657 mothers with children between 7 and 12 months of age (72.77% reported/targeted in FWA register for those unions).

Among the 2,273 mothers with children aged below 6 months, 80.24 per cent practiced exclusive breastfeeding, higher than current national average (43% according to BDHS 2007). Among 2657 mothers with children of age 7-12 months, 71 per cent of mothers provided animal protein, a key quality indicator of the complementary feeding. However, only 46.25 per cent mothers provided the age-appropriate quantity of food to their children Where MaMoni volunteers were active (Companiganj), the uptake was much higher. The key takeaway lesson was that simple counseling and IEC materials are not enough to improve breastfeeding and complementary feeding, an interactive engagement and demonstration is required to convince mothers and family members.

The lessons from A&T intervention will be used to design an integrated intervention in Habiganj.

Objective 2: Increase appropriate and timely utilization of home and facility-based essential MNH and FP services

Improved Quality of MOH&FW facility based providers to deliver MaMoni package



Figure 4: FWV Mrinalini Dutta checking for proteinuria and Hb level at Putijuri FWC, Bahubal upazila, Habiganj

MaMoni introduced diagnostic strips for detecting proteinuria and hemoglobin levels of mothers coming for ANC. These strips are meant to be used at UH&FWC and satellite clinics by FWVs, SACMOs and MAs to identify pre-eclampsia and anemia. The existing ANC guideline requires using burners to test for proteinuria, which is cumbersome at satellite clinic level, and was not being done.

The key barrier found for checking proteinuria has been the presence of private toilet facilities at the satellite clinics. Typically the clinics are at a shared location between several houses of community members, and therefore do not allow privacy of collecting urine. Often hand washing facilities are not available either.

TBA training in Habiganj

MaMoni trained 395 TBAs in the first quarter of FY'12. This completed MaMoni's target to train one TBA from each village of Habiganj. MaMoni will continue to support these TBAs by bringing them together every four months for skills refresher and problem solving meetings. These TBAs have been thoroughly trained on maternal and newborn danger signs and they have been actively referring mothers and newborns from their community for complication management.

Collaboration with OGSB & Mayer Hashi to identify and manage pre-eclampsia at community level

MaMoni, in partnership with *Mayer Hashi* project of EngenderHealth, OGSB and TRAction project of ICDDR,B, has developed a protocol to identify and manage pre-eclampsia at community level. Pre-eclampsia is the second largest cause of maternal mortality according to the BMMHS 2010¹. Under this partnership, a loading dose of magnesium sulfate will be provided to mothers exhibiting symptoms of pre-eclampsia. MaMoni plans to roll out this intervention in Habiganj Sadar, Lakhai and

Agenda-5: Introduction of Inj. MgSo4 at the community level to prevent Pre-eclampsia/Eclampsia.

Discussion: Prof.Latifa Shamsuddin mentioned that eclampsia is one of the leading cause of maternal mortality in Bangladesh. Introduction of Inj.MgSo4 program at the community level may be able to reduce maternal mortality from eclampsia which is proven effective in many areas Worldwide. Routine Blood Pressure measurement and urine for albumin test during ANC can able to identify pre-eclamptic conditions. If these women are given a stat loading dose of Inj. MgSo4 10 mg (5mg + 5mg) deep intramuscular in two buttock, will prevent development of eclampsia and subsequent effective management can be ensure through early referral.

Decision:

- It was decided by the committee to use Inj. MgSo4 as a loading dose by the trained service providers and field workers at the community level as a part of initial management of Pre-Eclampsia.
- A pilot study may be conducted to understand the program perspective through community based organizations but NTC recommend immediate introduction of Inj.Mgso4 into the program.
- Members of NTC recommend training to the community based field workers and service providers together with development of IEC materials for community awareness on Pre-Eclampsia and Eclampsia.

Figure 5: Approval of NTC for introduction of MgSO4

¹ Bangladesh Maternal Mortality and Health Survey 2010, conducted by NIPORT

Chunarughat upazilas from April 2012. A TOT has been planned for April 2012 involving district and upazila level master trainers.

The introduction of magnesium sulfate has been approved at the 59th meeting of National Technical Committee held on February 28, 2012. Director General of Family Planning chaired this meeting.

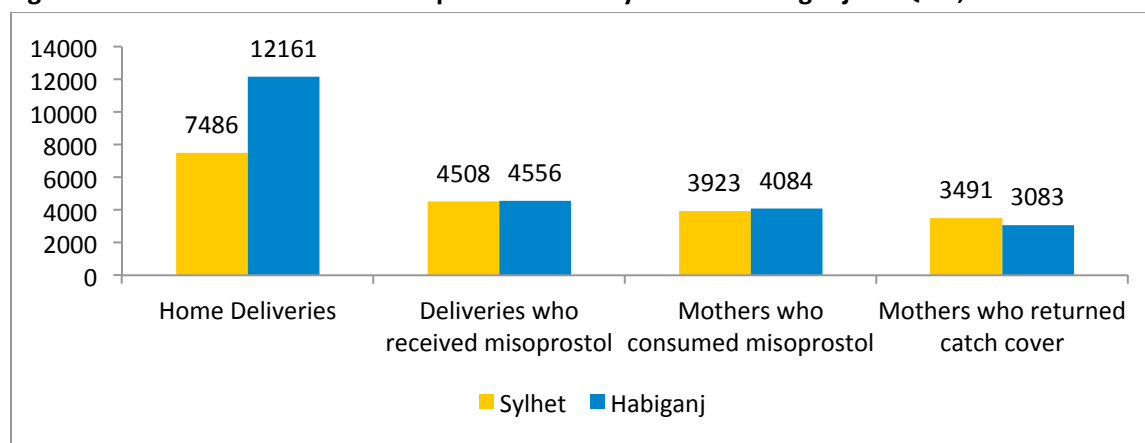
The pre-eclampsia/eclampsia management protocol developed by OGSB recommends a daily 1000mg calcium supplementation for mothers to prevent pre-eclampsia. MaMoni has secured funding from Seoul Broadcasting System, a Korean television station to purchase calcium tablets for mothers of Habiganj. The OGSB-Mayer Hashi-MaMoni partnership will also advocate to the MOH&FW to make calcium available through routine government channels.

Misoprostol distribution in collaboration with VSI and EngenderHealth

MaMoni is distributing misoprostol in 7 upazilas of Sylhet and all 8 upazilas of Habiganj with technical support from EngenderHealth Mayer Hashi project. Venture Strategies Innovations (VSI), through local procurement arrangement has made misoprostol available for MaMoni for the duration of the project. The following figure shows the use of Misoprostol in MaMoni areas.

MaMoni switched to 400 microgram of misoprostol to align itself with new national recommendations, previous dosage was 600 microgram.

Figure-6: Home deliveries and misoprostol use in Sylhet and Habiganj for Q1-2, FY'12



Service coverage strengthened in Tea Garden areas



Figure 7: Demonstration of breastfeeding in Brindaban tea garden, Habiganj

Habiganj has 26 tea gardens in Bahubal, Chunarughat, Madhabpur upazilas. Even though the tea gardens cover only 5% of the population of Habiganj district, because of cultural isolation and limited mobility of tea garden workers, maternal and newborn mortality is higher than other parts of Habiganj. MaMoni has been working with these tea gardens to promote the health outcomes of mothers and newborns.

Even though government outreach workers (FWA, HA) are present in these upazilas, and regular satellite clinics have been taking place, clients

Table 6: MaMoni input in Tea Gardens for strengthening service coverage

Upazila	Tea Gardens	Skilled providers	Unskilled providers	MaMoni Input for strengthening service coverage
Bahubal	7	9	7	<ul style="list-style-type: none"> Misoprostol orientation for service providers, ensuring misoprostol Support for updating list of ELCOs/ pregnant women Orientation of Community Volunteers Counseling on permanent contraceptive method Referral support for complications
Chunarughat	14	4	37	
Madhabpur	5	4	14	
Total	26	17	58	

Initiative to strengthen service coverage in Habiganj Pourashabha (Municipality)



Figure 8: CDC in Umednagar slum discussing MNH issues

Habiganj Pourashabha or municipality has 92,000 population. 50,000 of them live in urban slums in north and south end of the town. Ensuring MNH-FP services in the municipality, particularly at the slum areas have been an ongoing challenge for MaMoni because of the unique service delivery structure, and different actors with overlapping responsibilities.

MaMoni consulted with different stakeholders in January 2012 to systematically map service coverage and identified several gaps. The following table summarizes the different stakeholders:

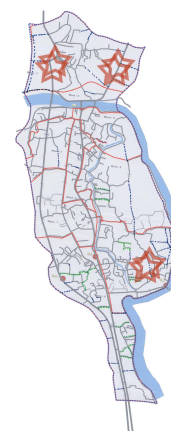


Figure 8: Habiganj municipality with underserved areas marked by red stars

Table 7: Summary of MNH-FP Stakeholders and their roles in the municipality slums

Stakeholder	Staff/Resources	Services	Issues	MaMoni Collaboration
DGFP	<ul style="list-style-type: none"> • 1 FWV at MCWC, • 5 FWAs • MCWC 	<ul style="list-style-type: none"> • FP • ANC • Delivery • EmOC • PNC • IFA suppl 	FWA working area is large and scattered ANC/PNC provided mostly from MCWC IFA is limited to MCWC clients Currently DGFP cannot provide IFA to SSFP	Ensuring IFA supplementation at MCWC Exploring alternative mode of making IFA available to slums
DGHS	<ul style="list-style-type: none"> • 1 Sanitary Inspector, • 9 Vaccinators, • District Hospital (DH) 	<ul style="list-style-type: none"> • Immunization • EmOC (DH) 	Immunization activity is functional, but identifying appropriate children is a challenge Slum dwellers feel marginalized in accessing services at health facilities	TT immunization promoted through CDC and Primary groups Referral focal person placed who facilitates admission to district hospital for slum dwellers and others
UPPR/UNDP	<ul style="list-style-type: none"> • 22 Community Facilitators, • 88 volunteers • 5 Community Development Centres 	<ul style="list-style-type: none"> • Sanitation • Hygiene 	CDCs and Primary groups work well, but do not address MNH-FP	SSFP flip charts on MNH provided to each CDC Oriented CDC members on MNH-FP issues Misoprostol and IFA tracking set up
SSFP/SSKS/Chemonics	<ul style="list-style-type: none"> • 1 static clinic (Sabujbagh) with lab facility, • 1 outreach clinic with paramedic (Umednagar) 	<ul style="list-style-type: none"> • Essential services package • Lab services 	Cost recovery mandate (e.g. 40TK for ANC) makes the service out of reach of slum dwellers not meeting SSFP criteria	Subsidized ANC (Tk.10) in MaMoni identified areas Additional satellite clinics for underserved areas
Private clinics	5 private clinics	<ul style="list-style-type: none"> • EmOC 	Not feasible/affordable for slum dwellers	Exploring possibilities



Figure 9: SSFP paramedic at a satellite clinic for underserved clients

In the months of February and March 2012, four and ten additional satellite clinics respectively were held by SSKS, SSFP partner in MaMoni identified locations in the slum area. These clinics will continue at discounted rates of Tk.10 per checkup (as opposed to TK.40, the regular rate) from April onwards. The collaboration has been appreciated by the clients and local leaders.

Facilities strengthened to deliver MaMoni package

MaMoni closely worked with DGFP and DGHS to strengthen normal delivery at union and upazila level facilities and EmOC services at district level facilities. The following table summarizes the renovation work undertaken in the first six months of FY'12

Table 8: Summary of MaMoni's Facility Renovation work

Facility	Upazila	Completed	Services strengthened	Funding
Maternal Child Welfare Centre (MCWC)	Sadar	Oct 2011	EmOC services strengthened Waiting area for patients created	MaMoni
Shibpasha UH&FWC	Ajmiriganj	Dec 2011	Normal delivery services introduced Staff quarter renovated	KOICA/SC-Korea
Kakailseo UH&FWC	Ajmiriganj	Dec 2011	Normal delivery services introduced Staff quarter renovated	KOICA/SC-Korea
Murakuri UH&FWC	Lakhai	Dec 2011	Normal delivery services introduced Staff quarter renovated	MaMoni
Ajmiriganj Upazila Health Complex	Ajmiriganj	Jan 2011, ongoing	Normal delivery services strengthened Female ward renovated Staff quarters renovated (ongoing) Waste management pits	KOICA/SC-Korea SBS
Habiganj Sadar Hospital	Sadar	Ongoing, from Mar 2011	Waste management system (including septic tanks) fixed for pediatrics ward Breastfeeding corner set up Gynecological ward under renovation	MaMoni
Mirpur UH&FWC	Bahubal	Mar-April 2011	Normal delivery service strengthened General renovation	MaMoni

MaMoni introduced normal vaginal delivery in three hard-to-reach union level facilities from October 2011. The number of deliveries conducted is listed below:

Table 9: Normal Deliveries conducted at MaMoni renovated facilities

Facility	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Murakuri UH&FWC, Lakhai	-	-	5	4	12	14
Shibpasha UH&FWC, Ajmiriganj	2	2	10	6	22	20
Kakailseo UH&FWC, Ajmiriganj	-	-	-	3	9	13
Total	2	2	15	13	43	47

Some renovation activities have been shared in the pictures below:

Figure 10: MaMoni facility renovation in pictures

		
Fig 10.a Renovation under way at Gynae ward, District Hospital	Fig 10.b OT room of MCWC after renovation	Fig 10.c Shibpasha UH&FWC
		
Fig 10.d Labor room of Kakailseo UH&FWC	Fig 10.e Labor room of Murakuri UH&FWC	Fig 10.f Floor renovation of Mirpur UH&FWC
		
Fig 10.g Renovated female ward of Ajmiriganj UHC	Fig 10.h Renovated OT room of Ajmiriganj UHC	Fig 10.i Ongoing Staff Quarters renovation at Ajmiriganj UHC

Private C-SBAs trained to increase skilled attendance at birth in Ajmiriganj

MaMoni, with funding support from Korean government and Save the Children-Korea, trained 14 women from the remote clusters of Ajmiriganj on 6 month C-SBA curriculum from September 2011 till March 2012. OGSB conducted the training and these CSBAs were tested and certified by Bangladesh Nursing Council.

In the months of February and March 2012, these C-SBAs conducted 5 deliveries at home.

Success Story: Critical ANC/PNC and facility delivery services ensured in Shibpasha, Ajmiriganj

Shibpasha union of Ajmiriganj upazila, Habiganj did not have an FWV for over 5 years. For mothers of this remote union, one SACMO was the only person to go to for ANC, delivery and PNC services. MaMoni, through support from Korean government, placed a paramedic in the UH&FWC in March 2011, and also re-introduced the satellite clinics. Aziza Begum was the first paramedic deployed. Subsequently, in July, the facility was renovated to conduct delivery services and two other paramedics were deployed there. Figure 1 Shows the ANC/PNC utilization data of Shibpasha union for 2010 and 2011.

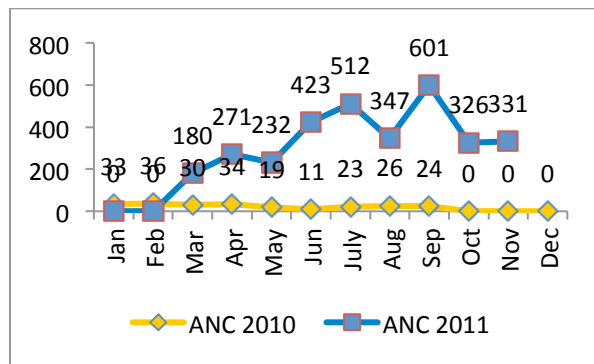


Figure 11a: ANC data in Shibpasha Union

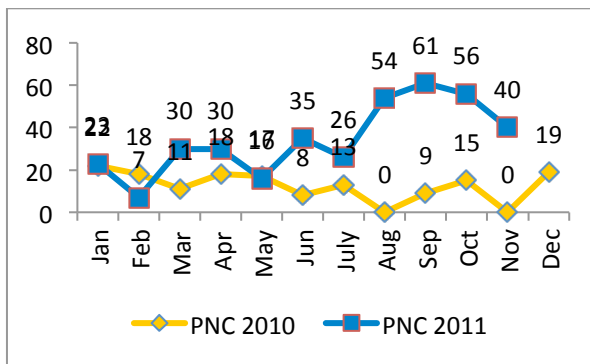


Figure 11b: PNC data in Shibpasha Union

The first mother Kalpona, wife of Dolon Miah from Kodomtara village, Shibpasa Union, Ajmiriganj Upazilla, Habiganj came at the FWC and gave birth of her daughter around 6pm on October 13, 2011. The baby was named Koica Begum. Paramedic Nasrin Begum conducted the delivery with the assistance of Dr. Prithish Kormoker, SACMO, Shibpasa FWC in-charge. After successful delivery of the newborn Koica Begum, mother, family members and services providers expressed their happiness. They are expecting that the facility strengthened under facilitation by MaMoni will continue and will have a positive changes in the catchments areas.



Figure 12 (from left): Baby Koica, with mother Kolpona (lying), paramedic Nasrin begum (in red) assisting, SACMO Prithish Kormoker examining the newborn, mother and baby girl, Nasrin examining the baby with mother-in-law.

Between October 2011 and March 2012, sixty-two babies were delivered at Shibpasha UH&FWC.

Objective 3: Increase acceptance of FP methods and advance understanding of FP as a preventive health intervention for mothers and newborns

FP incorporated into household and community mobilization activities

All FWAs, HAs and CHWs have been trained on FP both in Habiganj and Sylhet. This is the first time Health Assistants have been trained on FP and will play a key role at the community clinic level for FP counseling and referral.

MaMoni supported LAPM in Habiganj

Figure 7 showed LAPM performance in Habiganj from July 2011-Mar 2012 period. Two factors contributed to lower performance in October-December 2011 quarters – winter season, when clients are reluctant to undergo operations, and a program budget shortfall on the part of the government in December. NSV and tubectomy clients are provided a financial incentive to account for travel and time off from work, and there was a budget constraint. As the new sector plan and operational plans have been approved, this is no longer an issue from January 2012. Performance rebounded in March 2012.

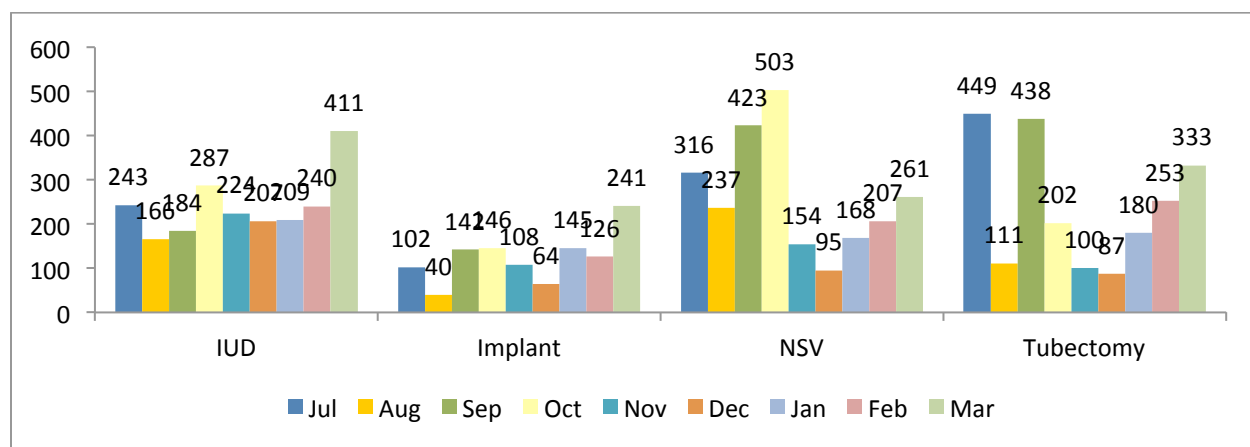


Figure 13: LAPM performance in Habiganj in last three quarters (July 2011-Mar 2012)

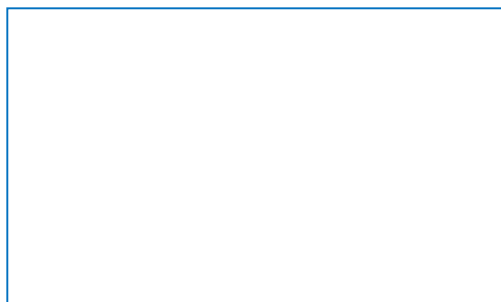


Director,
Sylhet

Improve key systems for effective service delivery, community mobilization and advocacy

Figure 16: Communication exercise in supportive supervision training

Joint Supervision Visits to improve Service Delivery



MaMoni conducted 102 joint supervision visits (JSV) in the first two quarters with the Master Trainers in Habiganj. Similarly, 80 JSVs were conducted in Sylhet. These visits included FWC, CC and satellite clinic quality check, PNC of mothers and newborns, training and other activities.

As figure 10 shows, the number of routine JSVs has increased in the second quarters, particularly in Sylhet.

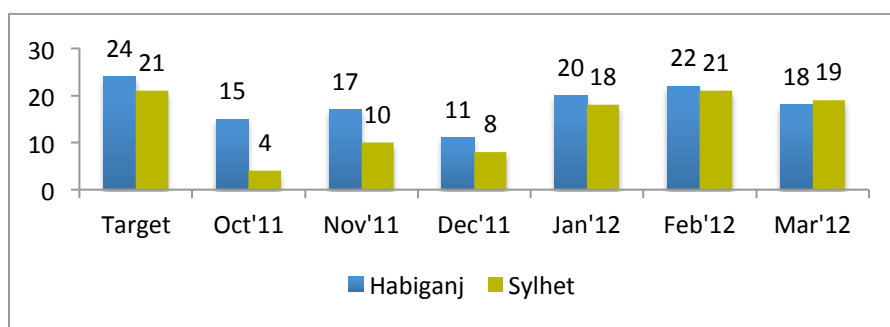
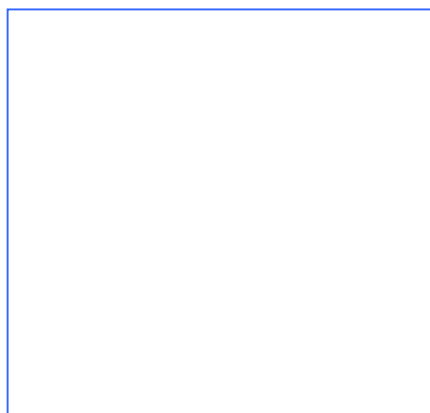


Figure 15: Trend of Joint Supervision Visits (JSVs)

Supportive Supervision for Frontline supervisors



MaMoni, in collaboration with consultant firm Partners in Health and Development (PHD) trained 195 government supervisors (AHI, HI, FPI) and 32 NGO supervisors of Sylhet and Habiganj on supportive supervision. The 5-day curriculum had three modules:

- Supportive supervision,
- Stress and time management,
- Leadership and participatory management skills

Total 9 batches of training were conducted, 4 for Sylhet and 5 for Habiganj.



Figure 17: Volunteer in Habiganj identifying births in

meetings introduced to increase service coverage

MaMoni is continuing micro planning at the ward/unit level where the CHW, FWA and HA jointly develop action plan to ensure universal coverage at the unit level. MaMoni volunteers from selected villages also attend the meetings and share their village level information. MaMoni is planning a refresher training for meeting participants in the next quarter to improve quality of these meetings.

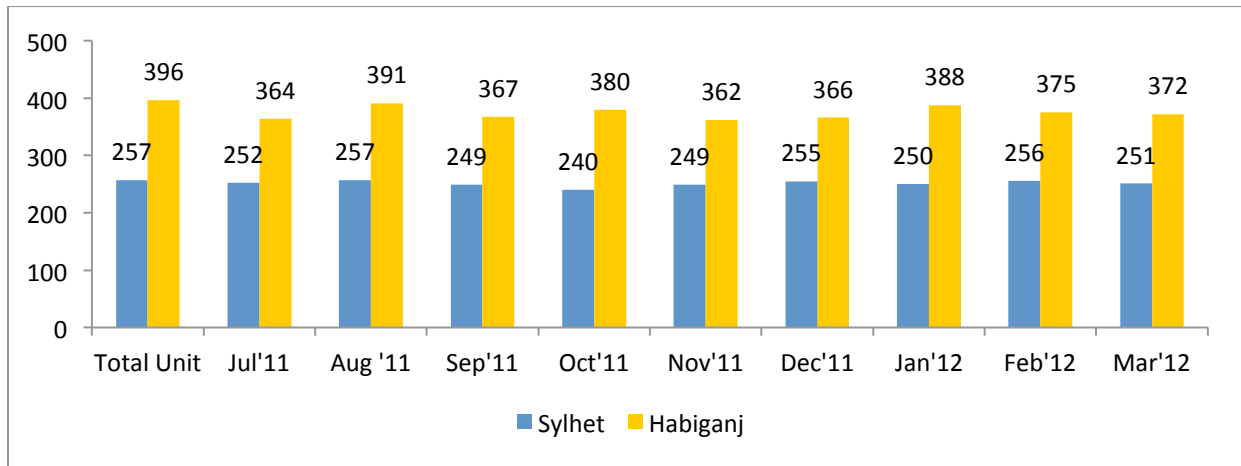


Figure 18: Trend of Micro Planning Meetings in last two quarters

MaMoni Support to FP-MIS for FWV register revision

MaMoni is piloting a “streamlined” set of registers for FWVs in Poil union of Sadar upazila. Discussions are underway for DGFP-MIS unit to use the lessons from this intervention to revise their national forms in the next revision.

Objective 5: Mobilize community action, support and demand for the practice of healthy MNH behaviors

Community Volunteers given responsibilities of community mobilization

MaMoni's new community mobilization strategy relies on using Community Volunteers (CVs) to organize the CM activities.

As of March 31, 1,540 Community Action Groups (CAGs) have been formed in 1,489 villages in Habiganj, covering 66% of the villages. More than 80,000 community members participate in these groups, about 50% of whom are female.

Community volunteers

CV Orientation	Oct'11	Nov'11	Dec'11	Jan'12	Feb'12	Mar'12
1 st Step	14	25	14	11	192	143
2 nd Step	627	133	627	361	154	121
3 rd Step	115	154	115	103	74	435
4 th Step	364	166	364	490	94	144

Table 10: CV orientation for First two quarters

The following figure summarizes the Community Action Group activities in Habiganj in March 2012

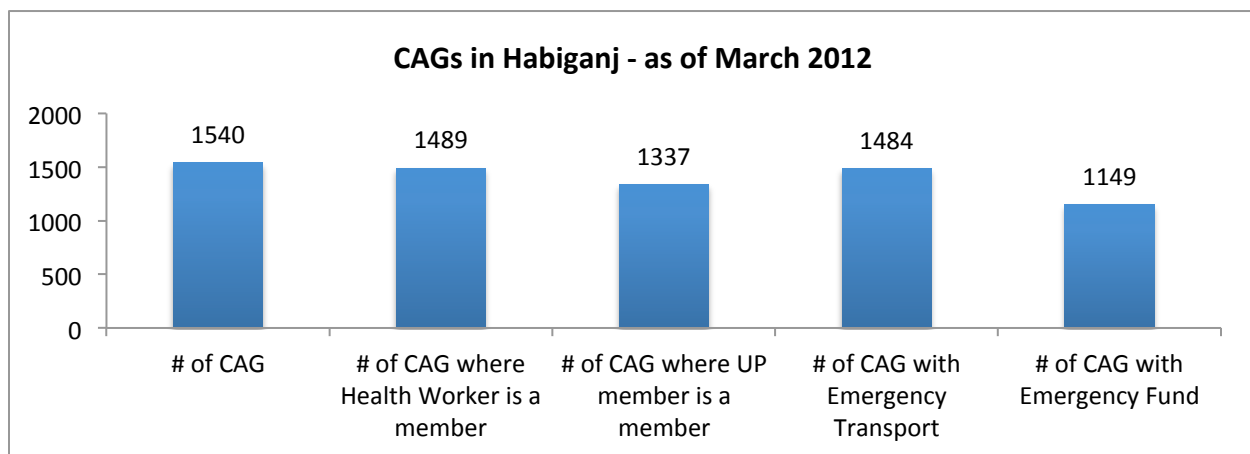
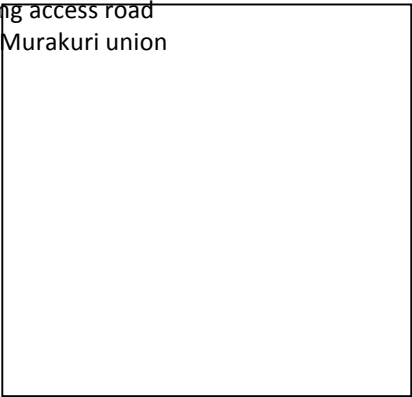


Figure 20: A snapshot of Community Mobilization in Habiganj in March 2012



Figure 22: Upazila Conference on health and nutrition support access road construction in Murakuri union



Engaged in CM activities

MaMoni supported union health and FP standing committees. The committee meets every two months and allocated budget for MNH-FP activities. Examples of UP contribution include BP/stetho machines to health workers.

In Murakuri union, Lakhai, union and upazila parishad together pulled resources to fix the access road to Murakuri UH&FWC. Similar initiative was taken in Madhabpur, explained in the case study at the end of this objective.

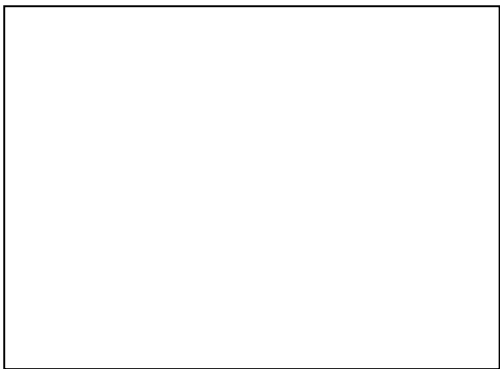
Support to RCHCIB Community Clinic Initiative to reinvigorate CG meetings

MaMoni is supporting the local community clinics to organize local level community group (CG/CCMG) meetings. There are 101 community clinics in Sylhet and 173 in Habiganj. Each community clinic is expected to have one community group (CG, previously CCMG) to oversee service availability, and three community support groups (CSGs) to promote services within community. MaMoni is facilitating the CGs to meet regularly on a monthly basis.

In Habiganj, 106 community groups are functional, even though they don't meet every month. MaMoni, through advocacy meetings and CAG initiative, have activated 49 of them.

MCHIP signed an MOU with RCHCIB project on December 19 to strengthen CGs in two districts.

Conference on Community Engagement held on October 20



MaMoni, in collaboration with RCHCIB (Community Clinic) Project of MOH&FW, Plan Bangladesh, Care Bangladesh and BRAC organized a half day conference to share experiences of community engagement. Secretary, MOH&FW, MCHIP Director and Director, OPHNE, USAID/Bangladesh were present at this conference.

Each partner presented their approach to engage communities to improve the health and nutrition of mothers, children and families.



gure 17: TBA practicing hand washing

ease key stakeholder leadership, commitment and action approaches

Unilever HWWS GDA to observe Global hand washing day (Oct 15)

From five primary schools in Biswanath Upazila in Sylhet, 777 students and 30 teachers took part in the activities to observe Global Hand Washing Day. 240 Community Volunteers and TBAs participated in three separate CAG group meetings and observed the program in Dewargach and Paschim Baniachang Union, Baniachang Upazila in Habiganj district.

During this week, 50,000 leaflets for TBAs and pregnant mothers, 5,000 posters with newborn messages and 4,000 soaps were handed over to MaMoni Dhaka

office from Unilever, to observe Hand Washing Day. This was sent to the field immediately. Another 3,800 vinyl posters for the CAG groups were donated from Unilever. Unilever-Lifebuoy is in a partnership with USAID-MCHIP to increase hand washing with soap (HWWS) to reduce neonatal mortality (mortality during the first 28 days of a child's life)..

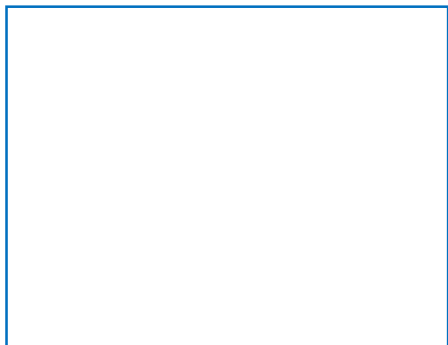


MaMoni participated in 7 billion population day observation



MaMoni Upazila teams from Nabiganj, Madhabpur, Habiganj Sadar and Chunarughat in Habiganj and Companiganj, Biswanath and Jaintapur in Sylhet organized rallies celebrating "World of Seven Billion" on October 29, 2011 jointly with respective Upazila family planning department.

Exposure visit for Sylhet and Habiganj district and divisional managers



A 7 member team from Sylhet, Habiganj and Dhaka (See Annex 3 for names of participants) visited Bardya and Nawalparasi districts, Nepalganj region of Nepal to observe the community based newborn care project scaled up by Ministry of Health and Population (MOHP) of Nepal. MOHP Nepal has recruited Female Community Health Volunteers (FCHVs) to provide newborn care and identify newborn complications at home level. MaMoni intends to use the lesson from Nepal to strengthen identification and management of sick newborn in Habiganj district.

Project Management Activities

Detailed Implementation Plan for Upazila and Districts prepared

MaMoni has prepared Detailed Implementatin Plan (DIP) for each upazila through an extensive consultation process. The process began in August and the plans were completed the first week of January.

Overall Challenges

Turnover at MOH&FW at various levels

Several key staff, who guided MaMoni intervention design and advocacy planning has left the government positions in the first two quarters of FY'12. Some key turnovers include:

- **Director, Primary Health Care**, transferred
- **Director, IPHN**, transferred
- **UH&FPO, Baniachang**, retired
- **UH&FPO, Ajmiriganj**, transferred
- **UFPO, Habiganj Sadar and Lakhai**, retired

Annex 1. Operational Plan Indicators (October - December 2011)

SI	Indicator	FY12 Target	Achievements (Cumulative)
A	Operational Plan Indicator		
A1	MCH		
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	31,253	18,466 (59%)
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	28,063	23,484 (84%)
3	Number of people trained in maternal/newborn health through USG-assisted programs	2,013	1,488 (74%)
	Women	1,449	1,446
	Men	564	42
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	12,025	10,590 (88%)
5	Number of newborns receiving essential newborn care through USG-supported programs	22,213	10,341 (47%)
6	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	94,850	63,585 (67%)
A2	FPRH		
1	Couple years of protection (CYP) in USG-supported programs	210,763	180,106 (85%)
2	Number of people trained in FP/RH with USG funds	2,013	1,488 (74%)
	Women	1,449	1,446
	Men	564	42
3	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,154,413	898,143 (78%)
	Women	1,108,986	854,991
	Men	45,427	43,152
4	Number of USG-assisted service delivery points providing FP counseling or services	651	671 (103%)
A3	Nutrition		
1	Number of people trained in child health and nutrition through USG-supported health area programs	5,013	38 (1%)
	Women	2,949	11
	Men	2,064	27
2	Number of children reached by USG-supported nutrition programs	29,542	2,189 (7%)
B	Custom Indicators		
1	Number of ELCOs in MaMoni intervention areas		575,619

SI	Indicator	FY12 Target	Achievements (Cumulative)
2	Number of pregnant women identified and registered in MaMoni intervention areas		57,126
3	Percent distribution of births by place of delivery		
	Home delivery		88%
	Facility delivery		12%
4	Percent distribution of non institutional live births by person providing assistance during childbirth		
	Delivery by trained provider		16%
	Delivery by untrained provider		84%
5	Number of pregnant women of 3 rd trimester received misoprostol		16,091
6	Percentage of villages in MaMoni intervention areas that have a Community Action Group (CAG)		76%
7	Number of Community Action Groups (CAGs) in MaMoni intervention areas		4,464
8	Percentage of Community Action Groups (CAG) that have representation from the nearest health facility		93%
9	Percentage of Community Action Groups (CAG) with an emergency transport system		90%
10	Percentage of Community Action Groups (CAG) with an emergency financing system		79%
11	Percentage of Community Action Groups (CAG) that met at least once in the last month		63%
12	Number of functional units where <i>Community MicroPlanning</i> meetings were held	7,872	3,745 (48%)
13	Number of Joint Supervisory Visits (JSV) conducted	540	179 (33%)
14	Number of Union Parishad Education, Health & FP Standing Committee bi-monthly meetings held	798	370 (46%)

Annex 2. Visitors to the project between October 2011 – March 2012

Visitor	Organization	Dates	Purpose
Dr. Saikhul Islam Helal	PPC, MOH&FW	9 Oct, 2011	PPC Member visited Lakhai Upazila in Habiganj to observe CAG meeting, Community Clinic activities and MCWC
Tina Sanghvi	Alive and Thrive, FHI 360	18-20 Oct, 2011	Country Director and Deputy Country Director observed the implementation of IYCF activities in two selected Upazilas, Biswanath and Companiganj in Sylhet. The team also visited Bahubal and Chunarughat Upazila in Habiganj. Alive and Thrive will support scaling up of IYCF in Habiganj from January.
Sumitro Roy	Alive & Thrive, FHI 360		
Koki Agarwal	Director, MCHIP	22-23 Oct, 2011	M&E Advisor, OPHNE of USAID and the team observed health and family planning service provision at a community clinic, Family Welfare Center, Upazila health complex, MCWC and district hospital. They observed the improvement in quality health and family planning services through MaMoni efforts in the GOB existing health & family planning system. They visited Sadar, Bahubal, Chunarughat, Lakhai and Madhabpur Upazila in Habiganj.
Kanta Jamil	USAID		
Mahbub Elahi Chowdhury	ICDDR,B		
Quamrun Nahar	ICDDR,B		
Md. Touhidul Islam	UFPO-Lakhai , DGFP		
Dr. M.A Mannan	MO-Clinic, MCWC Habiganj		
Dr. Shafiqur Rahman	Civil Surgeon, Habiganj		
Dr. Jashimuddin Bhuyan	DDFP, Habiganj		
Young Su Kim	Save the Children, Korea	15 Nov, 2011	The Korean team observed motivation/ counseling for ANC,PNC and FP by MaMoni CHWs, female CAG meeting conducted by MaMoni CRP, administration of injectable contraceptive by MaMoni CHW, fortnightly meeting with GoB staff at different areas of Companiganj Upazila, Sylhet. Young Su Kim is a famous author who will be writing about the importance of CHWs as part of Save the Children's Every one campaign
Hee Kyung Kim			
Ji Won Seo			
Simon Wright	Save the Children, UK	17 Nov, 2011	Head of Health & HIV/AIDs, SCUK observed an ANC counseling visit, a FWC and observed services provided by a FWV, a CAG meeting, involvement of MaMoni in community clinic activities, a CV orientation and a micro planning meeting at Durlabpur village, Bohora Union, Madhabpur Upazila, Habiganj District. SCUK is supporting MaMoni to build 4 FWCs

			in Baniachong and Ajmiriganj upazilas of Habiganj.
Ji Won Seo	Save the Children Korea	22 Nov, 2011	Program Advisor of SC-K visited Shibpasha UH&FWC, Ajmiriganj Upazila, Habiganj and observed KOICA supported facility strengthening activities of MaMoni
Arantza Quintana	Anesvad foundation	6-7 Dec, 2011	Project Specialist of this Spanish NGO visited Biswanath Upazila and observed CHWs in FWA vacant unit, depot holders and community mobilization activities. Anesvad is in discussion with Save the Children for supporting additional MaMoni CHWs in Sylhet.
Scott Clarkson	Save the Children Uk	Jan 15-20, 2012	Program officer of Save the Children and a videographer visited Badalpur and Shibpasha unions of Ajmiriganj upazila, Habiganj and met with families and service providers. Save the Children UK is supporting construction of four UH&FWCs, one of them in Badalpur.
Colin Crowley	Save the Children Uk		
Ariel Pablos-Méndez	USAID/ Washington	Jan 17, 2012	Asst. Administrator and Deputy Administrator were accompanied by USAID/BD colleagues visited upgraded Murakuri UH&FWC in Lakhai upazila of Habiganj, and MaMoni-MAMA intervention in Balaganj, Sylhet
Robert Clay	USAID/ Washington		
Shannon Young	USAID/ Bangladesh		
Umme Salma Jahan Meena	USAID/ Bangladesh		
Ji Won Seo	Save the Children Korea	Jan 24, 2012	Program Advisor of the KOICA project visited Ajmiriganj to review progress of renovation. KOICA supported renovation of Ajmiriganj UHC and Shibpasha and Kakailseo UH&FWC
Nafis Al Haq	ICDDR,B	Jan 31, 2012	TRAction Team from ICDDR,B visited Bahubal, Chunarughat and Habiganj Sadar to understand MaMoni approach to Quality of Care and potential for conducting operations research on management of pre-eclampsia at community level
Iqbal Anwar	ICDDR,B		
Nurul Amin	ICDDR,B		
Fatema Jannat	ICDDR,B		
Nohbo Kim	Save the Children-Korea	Feb 7, 2012	CEO of Save the Children-Korea and Program Advisors visited Ajmiriganj upazila of Habiganj where SC-K has been supporting renovation of three facilities, trained paramedics/nurses to conduct round-the-clock deliveries
Yong Sun Lim	Save the Children-Korea		
Ji Won Seo	Save the Children Korea		
Mohammad Sharif	DGFP	Feb 11-13, 2012	Director, MCH Services and Line Director, MCRAH of DGFP visited Lakhai, Ajmiriganj and

			Habiganj Sadar upazilas in Habiganj district and Bishwanath upazila in Sylhet district
Md. Kutub Uddin	DGFP	Feb 11-13, 2012	Director, Sylhet Division, RH-FP CS-QAT, and Deputy Directors, Habiganj and Sylhet respectively, accompanied Director MCH on his visit to Habiganj and Sylhet.
Omar Gul Azad	DGFP	Feb 11-13, 2012	
Jasim Uddin Bhuiyan	DGFP	Feb 11-12, 2012	
Lutfurnaher Jesmin	DGFP	Feb 13, 2012	
Babita Srestha	Save the Children US	Feb 11-12, 2012	Finance Manager of MCHIP-Save the Children visited MaMoni program in Habiganj
Makhduma Nargis	MOH&FW	Feb 22, 2012	Additional Secretary and Project Director of RCHCIB (Community Clinic) visited three Community Clinics of Habiganj Sadar and Chunarughat upazila
Shafiqur Rahman	DGHS	Feb 22, 2012	Civil Surgeon of Habiganj accompanied Additional Secretary in visiting community clinics
Shomi Kaiser	Dhansiri Communications	Mar 07-08, 2012	Actress and activist visited Madhabpur upazila, district hospital and MCWC to learn about maternal health successes and challenges
Syedur Rahman	DGHS	Mar 13-15, 2012	Deputy Director, Primary Health Care and Deputy Programme Manager (Upazila Health System), along with two USAID members visited Lakhai, Ajmiriganj, Chunarughat, Baniachong and Sadar upazila to learn about MaMoni's upazila and union level health system strengthening activities.
Ferdousee Haque	DGHS		
Sharmina Sultana	USAID		
Yogesh Rajkotia	USAID		
Nasima Begum	OGSB	March 20, 2012	C-SBA focal point of OGSB, Deputy Program Manager of DGHS & Deputy Director, MCH Unit attended the closing ceremony of private C-SBAs of Ajmiriganj. The 6 month training was financially supported by KOICA and Save the Children-Korea
Ishita Hossain Chowdhury	DGHS		
Gias Uddin	DGFP		
Jung Youn Choi	Save the Children Korea	March 24-28, 2012	Save the Children-Korea and Seoul Broadcasting System (SBS) team visited Companyganj upazila of Sylhet to film a follow up story of Asha Miah, a newborn saved by referral to Sylhet MAG Osmani Medical College. SBS is supporting MaMoni to renovate staff quarters of Ajmiriganj UHC, provide essential drugs, and set up waste management system in the three health facilities
Ji Won Seo	Save the Children-Korea		
Hyeyoun Jung	SBS		

Annex 3. Overseas Trips supported by MaMoni

Name	Designation	Dates	Country	Description
Dr. Iqbal Hussain Chowdhury	Divisional Director, Sylhet, DGHS	Oct 16-20, 2011	Nepal	Observe Nepal's CB-NCP program
Md. Kutobuddin	Divisional Director, Sylhet, DGFP	Oct 16-20, 2011	Nepal	
Md. Moniruzzaman Siddiqui	Deputy Director, Mohammadpur Fertility Center, Dhaka	Oct 16-20, 2011	Nepal	
Shafiqur Rahman	Civil Surgeon, Habiganj	Oct 16-20, 2011	Nepal	
Md. Jashim Uddin Bhuiya	Deputy Director, Family Planning, Habiganj	Oct 16-20, 2011	Nepal	
Lutfun Naher Jasmin	Deputy Director, Family Planning, Sylhet	Oct 16-20, 2011	Nepal	
Nazmul Kabir	Deputy Program Manager, FP, MaMoni	Oct 16-20, 2011	Nepal	
Ishtiaq Mannan	Chief of Party (MCHIP)	Oct 31-Nov 4 2011	USA	Participate in MCHIP Program learning meeting
Ishtiaq Mannan	Chief of Party (MCHIP)	Dec 6-12, 2011	Italy	Participate in Household to Hospital Continuum of Care meeting
Nazmul Kabir	Deputy Program Manager, FP, MaMoni	Nov 29 –Dec 2, 2011	Senegal	International FP conference
Ishtiaq Mannan	Chief of Party	February 4-6, 2012	Geneva	Meeting on Newborn care

Annex 4: Publications produced by MaMoni (Oct 2011-March 2012)

Document Title	Produced by	Language	Remarks
Mid Term Evaluation of Maternal and Newborn Health 2010, Sylhet	ICDDR,B	English	
Baseline Evaluation of Family Planning 2010, Sylhet	ICDDR,B	English	
Baseline Evaluation of Maternal and Newborn Health, Habiganj	ICDDR,B	English	
Baseline Evaluation of Family Planning, 2010, Habiganj	ICDDR,B	English	
Final Report of Verbal Autopsy 2010, Habiganj	ICDDR,B	English	
MaMoni Module 2 Trainer's Manual	Save the Children	Bangla	
MaMoni Module 2 Participant's Manual	Save the Children	Bangla	
Prevention and Primary Management of Pre-eclampsia/Eclampsia Trainer's Manual	OGSB/ EngenderHealth	Bangla	
Prevention and Primary Management of Pre-eclampsia/Eclampsia Participants Handout	OGSB/ EngenderHealth	Bangla	